Name in Full

Certificate of Death

Joseph I Dietrick

Died at Town Rockville County Montgomery MARYLAND

Date 1899 Month June Day 2nd Age Y. M. D. Native of Maryland Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number ~~of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name Joseph Dietrick

Mother's Name

Cause of Death

Primary Tuberculosis 22a

Immediate Cancer of Stomach

How long sick Six weeks

~~Accident, Suicide, Homicide~~

Reported by E E Stoneshiet M.D.

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

Sarah E. Ellicott

Died at Sandy Spring (Town) Montgomery (County) MARYLAND

Date 1899 Month June Day 19 | Age Y. 72 M. 11 D. 3 | Native of England | Occupation Retired Housewife

~~Male~~ / White / ~~Married~~ / Widow / ~~Divorced~~

Female / ~~Colored~~ / ~~Single~~ / ~~Widower~~ / Number of children living 1

~~Husband~~ Wife of Samuel Ellicott

Father's Name James Duck

Mother's Name Sophia Duck

Cause of Death — Primary: Arterio Sclerosis & Glycosuria — How long sick: Several years

Immediate: Apoplexy — Accident, Suicide, Homicide

Reported by Augustus Stabler, M.D.

Address Brighton.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, B1068

Name in Full — Certificate of Death

Elizabeth Trundle Jones.

Died at Town: Dickinson — County: Montgo Co — MARYLAND

Date 1899 — Month: June — Day: 28 — Age: Y. 54 — M. — D. — Native of — Occupation: Housewife

~~Male~~ — White — Married — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: One

~~Husband~~ Wife of Mercier Jones —

Father's Name: Hezekiah Trundle — Mother's Name: Emily Jones.

Cause of Death — Primary: Scirrhotic Brights 97 — How long sick

Immediate: Uremic poisoning — Accident, Suicide, Homicide

Reported by: T. B. Johnson M.D.

Address: Adams Mill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Leroy King

Died at — Town: Garrett Park — County: Montgy — MARYLAND

Date 189 — Month: June — Day: 9 — Age: Y. 0 M. 11 D. — Native of: Montgy — Occupation: X

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of X

Father's Name: Chas King

Mother's Name: Patty Henson

Cause of Death — Primary: Measles 6 — How long sick: 10 days

Immediate: Pneumonia 7 — ~~Accident, Suicide, Homicide~~

Reported by: Dr Wm L. Lees

Address: Kensington [redacted] Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, ALBANY

Name in Full | Certificate of Death

Mansfield Offutt

Died at Town: Rockville County: Montgomery MARYLAND

Date 1899 Month: June Day: 14. Age Y. M. D. Native of: Rockville Md Occupation

Male ~~White~~ ~~Married~~ Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife X

Father's Name X Mother's Name

Cause of Death: Primary Tuberculosis How long sick all life

Immediate — Accident, Suicide, Homicide

Reported by O M Linthicum M D

Address Rockville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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